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15 October 2020

Nuclear Materials Licensing Branch  
United States Nuclear Regulatory Commission  
Region IV  
Nuclear Materials Safety Branch  
1600 East Lamar Boulevard  
Arlington, TX 76011-4511

DNNS



**Mail Control Number: 623508**

**Docket Number : 3033011**

**License Number : 50-29059-01**

**Licensee Name : Mat-Su Regional Medical Center**

Re: Notification for License: 50-29059-01

Dear Sir or Madam:

In accordance with 10 CFR 35.13 (b) we would like to amend our radioactive materials license, removing two authorized users and adding five.

Please remove Bradley K. Cruz, M.D. and Lester B. Lewis, M.D. as they are no longer practicing at our hospital.

Please add the following five authorized users to our license:

<u>Authorized Users</u>	<u>Material and Use</u>
Dirk C. Bringhurst, M.D.	35.100; 35.200; Oral administration of sodium iodide I-131 in quantities less than or equal to 33 millicuries
Matthew V. Cronin, M.D.	35.100; 35.200
Scott A Harman, M.D.	35.100; 35.200; 35.300
John P. Lubisich, M.D.	35.100; 35.200; Oral administration of sodium iodide I-131
Jason Savikko, D.O.	Oral administration of sodium iodide I-131

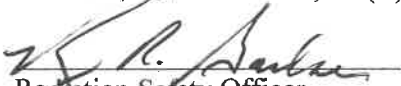
All of these added authorized users are currently listed on radioactive materials license #50-18244-01.

Additionally, please assign me as the point of contact for our radioactive materials license instead of the hospital's CEO.

If you require additional information, please call.

Sincerely,

Richard R. Gardner B.S., RT(R), CNMT

  
Radiation Safety Officer

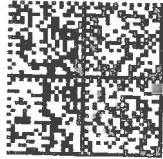
Mat-Su Regional Medical Center  
2500 S. Woodworth Loop  
P.O. Box 1687  
Palmer, AK 99645  
(907) 861-6000, extension 5042



**MAT-SU REGIONAL**

MEDICAL CENTER

2500 S. Woodworth Loop | P.O. Box 1687 | Palmer AK 99645



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**DNMS**



Nuclear Materials Licensing Branch  
United States Nuclear Regulatory Commission  
Region IV  
1600 East Lamar-Boulevard  
Arlington, TX 76011-4511



**ACKNOWLEDGEMENT - RECEIPT OF CORRESPONDENCE**

<b>Name and Address of Applicant and/or Licensee</b>  Richard R. Gardner, CNMT Radiation Safety Officer Mat-Su Regional Medical Center Imaging Department P.O. Box 1687 Palmer, AK 99645	<b>Date</b> 10/28/2020
	<b>License Number(s)</b> 50-29059-01
	<b>Mail Control Number(s)</b> 623508
	<b>Licensing and/or Technical Reviewer or Branch</b> C. Hill

This is to acknowledge receipt of your:  Letter and/or  Application Dated: 10/15/2020

The initial processing, which included an administrative review, has been performed.  
 Amendment  Termination  New License  Renewal

There were no administrative omissions identified during our initial review.

This is to acknowledge receipt of your application for renewal of the material(s) license identified above. Your application is deemed timely filed, and accordingly, the license will not expire until final action has been taken by this office.

Your application for a new NRC license did not include your taxpayer identification number. Please complete and submit NRC Form 531, Request for Taxpayer Identification Number, located at the following link: <http://www.nrc.gov/reading-rm/doc-collections/forms/nrc531.pdf>  
 Follow the instructions on the form for submission.

The following administrative omissions have been identified:

Your application has been assigned the above listed MAIL CONTROL NUMBER. When calling to inquire about this action, please refer to this control number. Your application has been forwarded to a technical reviewer. Please note that the technical review, which is normally completed within 180 days for a renewal application (90 days for all other requests), may identify additional omissions or require additional information. If you have any questions concerning the processing of your application, our contact information is listed below:

**Region IV**  
**U. S. Nuclear Regulatory Commission**  
**DNMS/NMSB - B**  
**1600 E. Lamar Boulevard**  
**Arlington, TX 76011-4511**  
**(817) 200-1103 or (817) 200-1140**

BETWEEN:

Accounts Receivable/Payable  
and  
Regional Licensing Branches

[ FOR ARPB USE ]  
INFORMATION FROM WBL

Program Code: 02120  
Status Code: Pending Amendment  
Fee Category: 7C  
Exp. Date: 07/31/2023  
Fee Comments:  
Decom Fin Assur Reqd: N

## License Fee Worksheet - License Fee Transmittal

### A. REGION

#### 1. APPLICATION ATTACHED

Applicant/Licensee: Mat-Su Regional Medical Center  
Received Date: 10/28/2020  
Docket Number: 3033011  
Mail Control Number: 623508  
License Number: 50-29059-01  
Action Type: Amendment

#### 2. FEE ATTACHED

Amount: \_\_\_\_\_

Check No.: \_\_\_\_\_

#### 3. COMMENTS

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

### B. LICENSE FEE MANAGEMENT BRANCH (Check when milestone 03 is entered / / )

1. Fee Category and Amount: \_\_\_\_\_

#### 2. Correct Fee Paid. Application may be processed for:

Amendment: \_\_\_\_\_

Renewal: \_\_\_\_\_

License: \_\_\_\_\_

#### 3. OTHER \_\_\_\_\_

\_\_\_\_\_

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Agency: NRC

WBL WORKSHEET

DOCKET NUMBER: 3033011 LICENSE NUMBER: 50-29059-01 STATUS: Pending Amendment

MAIL CONTROL NUMBER: 623508 RECEIPT DATE: 10/28/2020 ACTION TYPE: Amendment

DUE DATE: 01/26/2021 INST. CODE: 29059 LICENSE REGION: Region 4

LICENSE TYPE: 30 ENTITY TYPE: C LICENSE GROUP: Medical

ISSUE DATE: ORIGINAL DATE: 02/23/1993 EXPIRATION DATE: 07/31/2023

DECOMMISSIONING CATEGORY: Group 1 LAST ISSUE DATE:

LICENSEE NAME: Mat-Su Regional Medical Center DECOM FIN ASSUR REQD: N  
SUBM: N

MAILING ADDRESS LINE1: P.O. Box 1687 CONT PLAN REQD: N APPRV: N

MAILING ADDRESS LINE 2:

CITY: Palmer STATE: AK ZIP: 99645

CONTACT PERSON: PREFIX: FIRST NAME: Norman MIDDLE INITIAL:

LAST NAME: Stephens SUFFIX:

JOB TITLE: Chief Executive Officer PHONE: 907-746-8765 FAX: 907-861-6559 EMAIL:

BILLING ADDRESS LINE 1:

BILLING ADDRESS LINE 2:

CITY: STATE: Alaska ZIP:

BILLING CONTACT PERSON: FIRST NAME: MIDDLE INITIAL: LAST NAME:

PHONE: EMAIL: FAX:

PRIMARY PGM CODE: 02120 SECONDARY PGM CODE:

INSPECTION REGION: Region 4 PRIORITY: 3

RSO: PREFIX: FIRST NAME: Richard MIDDLE INITIAL: R. LAST NAME Gardner

SUFFIX: CNMT RSO JOB TITLE:

RSO PHONE: 907-861-6656 RSO FAX: 907-861-6559 RSO EMAIL: r.gardner@msrhc.com

STATES WHERE USE IS AUTHORIZED: 1  
0- ALL LISTED STATES  
1- SAME AS STATE IN ADDRESS  
2- ALL STATES  
3- NON-AGREEMENT-STATES

AUTHORIZED STATES (USE ONLY IF ABOVE IS ZERO):